A New Understanding of Breast Cancer and Alternatives to Mammography

ROSALIE BERTELL

Une recherche qui veut changer notre compréhension de la pathologie du cancer du sein basée sur les théories de la physique quantique. Si on comprend les anomalies subatomiques de presque tous les cancers du sein,. on sera en mesure d'améliorer les diagnostics et les traitements et d'offrir des alternatives non-toxiques à la chimiothérapie et à la radiation. L'auteure vote en faveur de méthodes de dépistages moins à risques et davantage de tests cliniques.

Robert L. Egan is credited with the development of mammography equipment in the 1960s, some 50 years ago. The first commercial machine was available in 1965. The requirements for an acceptable technology at that time were that the findings be reproducible, using the same instrument and technician. No health or safety studies were undertaken before it was promoted for general usage by the medical community. Nor was there concern about compression of the breast, known at the time to risk rupture of an already formed tumor, causing metastasis. The fact that X-ray exposure caused breast cancer was not widely known until the late 1970s.[1]

Mammography programs gradually spread geographically since that time, although some in the medical research community have been opposed to their widespread use for screening (not for diagnosis) from the beginning. The root cause of suspicion about the use of mammography has been that they expose the breast tissue to X-radiation, which to this date is the only proven cause of breast cancer. The counter argument has been that early detection of breast cancer prevents breast cancer death; therefore, any breast cancers that are caused by the X-ray will be detected early and "cured," if the woman stays in the program. Unfortunately, both of these theories appear to be false, given the new understanding of the biophysical cause of most breast cancers, suggesting that up to 95 percent of cancers are caused by subatomic activity triggered by radiation or exposure to environmental toxins (Wood-Smith).

In this paper I will discuss new findings as to the underlying cause of breast cancer (and other cancers), and the new light that this shines on old "truths" about diagnosis and treatments. This new finding supposes an understanding of the sub-atomic structure of matter (quantum physics), an area where direct observation is impossible and one must use indirect methods for demonstrating that the new understanding is accurate. These indirect methods include the ability to diagnose breast cancer using the theory, and the ability to prescribe and predict treatment outcomes which that are medically successful. This new theory has proven accurate so far in both of these aspects. Women will be glad to know that under this new understanding of breast cancer's cause and treatment, neither the biochemical approach to a cure, using chemotherapy with its devastating side effects, nor radiation therapy, which can induce new cancers as well as cause cardiovascular diseases, are needed for detection or treatment of up to 95 percent of breast cancers. Although I need to talk about findings in biophysics, I will try to use familiar terms and understandable science.

Relevant Findings in Quantum Physics

Most people have learned about the atomic structure, namely that the atom is composed of electrically negative electrons and an equal number of electrically positive protons. All atoms except hydrogen also contain neutrons, which are electrically neutral. Having equal positive and negative charges, all atoms are therefore electrically neutral by nature. Atoms combined into molecules make up all living and non-living material in our universe.

In 1915, Niels Bohr proposed a deeper structural model for the atom, based on the solar system. It was observed that the electrons moved in "shells" with specific energy around the nucleus, and the energy existed in quanta, i.e., the electron could move between the adjoining shells by gaining or losing exactly one quanta of energy. This has led to the name Quantum Theory,

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Ignoring the Science on Mammograms

By DAVID H. NEWMAN, M.D.

Last week The New England Journal of Medicine published a study with the potential to change both medical practice and public consciousness about mammograms.

Published on Thanksgiving Day, the research examined more than 30 years of United States health statistics to determine, through observation, if screening mammography has reduced breast cancer deaths. The researchers found that, as expected, the introduction of mammogram screening led to an increase in the number of breast cancers detected at an early stage.

But importantly, the number of cancers diagnosed at the *advanced stage* was essentially unchanged. If mammograms were really finding deadly cancers sooner (as suggested by the rise in early detection), then cases of advanced cancer should have been reduced in kind. But that didn't happen. In other words, the researchers concluded, mammograms didn't work.

This is a bold claim for an observational study. There are countless reasons why conclusions from such studies are commonly fraught with error. What if, for instance, the lion's share of advanced cancers occurred among women without access to screening mammograms-a fact often not available in health statistics? Or what if mammography successfully prevented a major increase in advanced cancers, leaving the health statistics unchanged?

Hippocrates, the father of medicine, called experience "delusive." He recognized that uncontrolled observations may lead to faulty conclusions. For centuries the flawed logic of observational data seemed to validate bloodletting, an unhelpful and often harmful therapy. But most who were bled eventually improved-no thanks to the bloodletting-an observation that led medical authorities to believe in the practice.

Fortunately, we have learned something about bad logic. Today we seek studies designed to neutralize illusions. By enrolling people in a study and assigning them randomly to treatments, for instance, groups tend to be evenly balanced in every way except one: the treatment. Controlled studies led to the discovery that bloodletting is harmful rather than helpful, and randomized trials of screening mammography would therefore be a worthy gold standard to answer once and for all the question of whether the test saves lives.

It may be surprising, therefore, to learn that numerous trials of mammography have indeed randomly assigned nearly 600,000 women to undergo either regular mammography screening or no screening. The results of more than a decade of follow-up

on such studies, published more than 10 years ago, show that women in the mammogram group were just as likely to die as women in the no-mammogram group. The women having mammograms were, however, more likely to be treated for cancer and have surgeries like a mastectomy. (Some of the studies include trials from Norway, the Netherlands, Sweden, and this major review of the data.)

In other words, mammograms increased diagnoses and surgeries, but didn't save lives-exactly what the researchers behind last week's observational study concluded.

It is affirming to see this newest study. But it raises an awkward question: why would a major medical journal publish an observational study about the effects of screening mammography years after randomized trials have answered the question? Perhaps it is because many doctors and patients continue to ignore the science on mammograms.

For years now, doctors like myself have known that screening mammography doesn't save lives, or else saves so few that the harms far outweigh the benefits. Neither I nor my colleagues have a crystal ball, and we are not smarter than others who have looked at this issue. We simply read the results of the many mammography trials that have been conducted over the years. But the trial results were unpopular and did not fit with a broadly accepted ideology-early detection-which has, ironically, failed (ovarian, prostate cancer) as often as it has succeeded (cervical cancer, perhaps colon cancer).

More bluntly, the trial results threatened a mammogram economy, a marketplace sustained by invasive therapies to vanquish microscopic clumps of questionable threat, and by an endless parade of procedures and pictures to investigate the falsely positive results that more than half of women endure. And inexplicably, since the publication of these trial results challenging the value of screening mammograms, hundreds of millions of public dollars have been dedicated to ensuring mammogram access, and the test has become a war cry for cancer advocacy. Why? Because experience deludes: radiologists diagnose, surgeons cut, pathologists examine, oncologists treat, and women survive.

Medical authorities, physician and patient groups, and 'experts' everywhere ignore science, and instead repeat history. Wishful conviction over scientific rigor; delusion over truth; form over substance.

It is normally troubling to see an observational study posing questions asked and answered by higher science. But in this case the research may help society to emerge from a fog that has clouded not just the approach to data on screening mammography, but also the approach to health care in the United States. In a system drowning in costs, and at enormous expense, we have systematically ignored virtually identical data challenging the effectiveness of cardiac stents, robot surgeries, prostate cancer screening, back operations, countless prescription medicines, and more.

When Thomas Jefferson described his vision for the institution that would become the University of Virginia, he said:

Comparison of radiation exposure and associated radiation-induced cancer risks from mammography and molecular imaging of the breast[a)]

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Purpose: Recent studies have raised concerns about exposure to low-dose ionizing radiation from medical imaging procedures. Little has been published regarding the relative exposure and risks associated with breast imaging techniques such as breast specific gamma imaging (BSGI), molecular breast imaging (MBI), or positron emission mammography (PEM). The purpose of this article was to estimate and compare the risks of radiation-induced cancer from mammography and techniques such as PEM, BSGI, and MBI in a screening environment.

Methods: The authors used a common scheme for all estimates of cancer incidence and mortality based on the excess absolute risk model from the BEIR VII report. The lifetime attributable risk model was used to estimate the lifetime risk of radiation-induced breast cancer incidence and mortality. All estimates of cancer incidence and mortality were based on a population of 100 000 females followed from birth to age 80 and adjusted for the fraction that survives to various ages between 0 and 80. Assuming annual screening from ages 40 to 80 and from ages 50 to 80, the cumulative cancer incidence and mortality attributed to digital mammography, screen-film mammography, MBI, BSGI, and PEM was calculated. The corresponding cancer incidence and mortality from natural background radiation was calculated as a useful reference. Assuming a 15%–32% reduction in mortality from screening, the benefit/risk ratio for the different imaging modalities was evaluated.

Results: Using conventional doses of 925 MBq Tc-99m sestamibi for MBI and BSGI and 370 MBq F-18 FDG for PEM, the cumulative cancer incidence and mortality were found to be 15–30 times higher than digital mammography. The benefit/risk ratio for annual digital mammography was >50:1 for both the 40–80 and 50–80 screening groups, but dropped to 3:1 for the 40–49 age group. If the primary use of MBI, BSGI, and PEM is in women with dense breast tissue, then the administered doses need to be in the range 75–150 MBq for Tc-99m sestamibi and 35 MBq–70 MBq for F-18 FDG in order to obtain benefit/risk ratios comparable to those of mammography in these age groups. These dose ranges should be achievable with enhancements to current technology while maintaining a reasonable examination time.

Conclusions: The results of the dose estimates in this study clearly indicate that if molecular imaging techniques are to be of value in screening for breast cancer, then the administered doses need to be substantially reduced to better match the effective doses of mammography. © *2010 American Association of Physicists in Medicine.* [DOI: 10.1118/1.3512759]

Key words: radiation risk, mammography, PEM, BSGI, MBI

I. INTRODUCTION

Recent studies have raised concerns about exposure to low-dose ionizing radiation from medical imaging procedures. These studies have focused primarily on the relatively high doses associated with computed tomography and various cardiac imaging procedures.[1] Little has been published regarding the relative exposure and risks associated with some of the newer breast imaging techniques such as breast specific gamma imaging (BSGI), molecular breast imaging (MBI), or positron emission mammography (PEM), and how these risks compare to those of mammography. Understanding the

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Key Points

- Vaccine health claims are all just smoke and mirrors
- The flu shot weakens the body's natural immunity
- A good diet is the first line of defense against infections
- Smoking and nicotine patches are strong immune suppressants
- Tip: A safety checklist for preparing poultry

PLUS

CASE STUDY: Doctor-patient relationships are vital to good healthcare

- Stroke risk increases after a case of shingles
- White and green tea protect the brain from Alzheimer's

ASK DR. BLAYLOCK

- New dementia treatment shows promise

Flu Shots: Don't Let Drug Companies Poison You

It's that time again... Every year, we go through the same flu scare nonsense, with the media and various government health agencies whipping up panic and touting the pharmaceutical companies' latest vaccine. One of the most obvious lies that is told by the Centers for Disease Control and Prevention (CDC) and the makers of vaccines is that every year 38,000 people die from the flu, including mostly the very young and the elderly.

But if you examine this frightening number, you'll discover that, in fact, a great number of these people do not die from the flu itself, but from other complications such as bacterial pneumonia or even a heart attack.

What people are not told is that most of the elderly people that develop these secondary infections, such as pneumonia, are those elderly who are infirm, debilitated by chronic diseases such as heart disease, pulmonary disease (emphysema and chronic obstructive pulmonary disease), poor nutrition, malignant diseases, and autoimmune diseases.

In this month's issue of The Blaylock Wellness Report, I will tell you not only the best way to protect yourself from the flu, but also how you can protect yourself from propaganda being spread by the pharmaceutical companies, the CDC, the media, and other handmaidens of the vaccine manufacturers.

Too Much Disinformation About Vaccination

A number of studies have shown that smoking greatly increases the risk of death from the flu or secondary bacterial infections. Children who live in homes with parents who smoke are simply more likely to suffer flu complications or even death.

During the phony swine flu scare, it was shown that most deaths from influenza were among smokers and those with chronic diseases, yet the government and media made the public think that healthy individuals were at great risk.

The law insists that the public have access to informed consent before an invasive procedure can be done — such as vaccination.

But with all the disinformation out there, most people are not receiving informed consent concerning either the effectiveness of the flu shots or the complications that can result.

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A study by the CDC found that 32 percent of the children that died from the flu suffered from severe cases of asthma. They died from an asthma attack and not the virus itself.

Because the incidence of asthma in the population is 8 percent, this represents a highly vulnerable group. Many children with asthma also receive steroids, which suppress immunity.

Other at-risk children are those with leukemia, lymphomas, and other immune-suppressing diseases.

Vaccinating children or adults with immune suppression has been uniformly unsuccessful. The vaccine offers them little or no protection — they only get the complications. Everyone agrees that this is true.

Why Do Viruses Make Us Sick?

Most of us, including many doctors, think that viruses themselves make us sick. And in some cases that's true. But in most cases, what actually makes us sick is our immune reaction to the virus.

When a virus invades your body, the immune system launches a massive but highly coordinated immune defense that involves a complicated set of chemicals (cytokines, chemokines, and interferons), immune cells, antibodies, and special proteins.

Many of these immune factors damage not only the virus, but also all surrounding tissues and organs, including the brain.

I compare this response to throwing a grenade at a thief in a shopping mall. Of course, you kill the thief, but a number of innocent bystanders are also killed and injured. We call this "bystander damage."

The immune system has a built-in mechanism to shut down the immune attack once the virus or bacterial invaders are killed off.

One of the problems with vaccination is that it activates the immune system and will not allow it to shut down, even years later. This means that a lot of bystander damage is being done throughout the body and in the brain.

Low-grade brain inflammation caused by viruses explains why we feel so bad when we are infected, and experience symptoms such as:

- Lethargy
- Insomnia
- Irritability
- Difficulty thinking

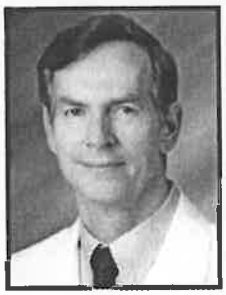
This is called sickness behavior. With vaccines, it can continue for years, leading to such neurological problems as depression, seizures, narcolepsy, and multiple sclerosis.

Neurological damage is especially common with viral infections, and can vary from subtle problems with memory to major neurological disorders, including dementia and Lou Gehrig's disease (ALS).

In fact, this is how AIDS causes dementia — it activates the brain's immune cells (microglia) and these generate a host of destructive free radicals, lipid peroxidation products, pro-inflammatory cytokines, and other immune factors.

These destructive immune chemicals slowly

About Dr. Blaylock



Dr. Russell Blaylock is a nationally recognized, board-certified neurosurgeon, health practitioner, author, and lecturer. He attended the Louisiana State University School of Medicine in New Orleans and completed his internship and neurosurgical residency at the Medical University of South Carolina in Charleston, S.C. For 26 years, he has practiced neurosurgery in addition to having a nutritional practice.

He recently retired from his neurosurgical duties to devote his full attention to nutritional studies and research. Dr. Blaylock has authored four books on nutrition and wellness, including "Excitotoxins: The Taste That Kills," "Health and Nutrition Secrets That Can Save Your Life," "Natural Strategies for Cancer Patients," and his most recent work, "Cellular and Molecular Biology of Autism Spectrum Disorders," edited by Anna Strunecka. An in-demand guest for radio and television programs, he lectures extensively to both lay and professional medical audiences on a variety of nutrition-related subjects.

Dr. Blaylock has been appointed to serve on the Scientific Advisory Board of the Life Extension Foundation. He is the 2004 recipient of the Integrity in Science Award granted by the Weston A. Price Foundation. He serves on the editorial staffs of the Journal of the American Nutraceutical Association, Surgical Neurology International, and the Journal of American Physicians and Surgeons, official publication of the Association of American Physicians and Surgeons. He is also a lecturer for the Foundation on Anti-Aging and Regenerative Medicine.

Dr. Blaylock previously served as clinical assistant professor of neurosurgery at the University of Mississippi Medical Center in Jackson, Miss., and is a visiting professor of biology at Belhaven University, also in Jackson.

destroy the brain cells needed for memory and learning.

The worst case scenario would be to stimulate the immune system with a vaccine when the brain is already infected, or if a person has a pre-existing neurological disorder.

Studies have shown that under such conditions, the vaccine can dramatically worsen bystander damage, which can continue for years if not a lifetime.

For example, if a person had a small, silent stroke (that is, they are unaware of it, which is very common), and then were given a series of vaccines, it would cause the immune cells around the stroke area to become fully activated and precipitate a worsening of the condition. This could cause weakness in the limbs or interfere with speech.

In fact, the vaccine is worse than an infection, because the vaccine will cause immune cell activation in the brain for a much longer time.

How the Immune System Functions, Malfunctions

When encountering an invader, immune cells such as lymphocytes, neutrophils, and macrophages become very active and secrete massive numbers of free radicals, lipid peroxidation products (very caustic chemicals), inflammation-producing cytokines, and other harsh immune chemicals.

The idea is to soak invaders in a cloud of deadly chemicals. But, as noted, these chemicals also seep out into the surrounding tissues and cells. This can lead to a certain degree of damage, which occurs with every infection to some extent, depending on the severity of the infection.

Once the invaders have been killed off, the immune system not only shuts off, but it begins to activate a number of systems to repair the bystander damage. At least that is the way it is supposed to work.

In some cases, especially in people with weakened immune systems or those who have immune-related disorders, the shutdown mechanism is broken and the immune inflammatory reaction goes into high gear, churning out massive amounts of these destructive chemicals.

When stuck in high gear, the immune system can do a great deal of damage to vital organs such as the liver, the lungs, the kidneys, and the brain. If things are not rapidly reversed, the person will die by a kind of an immune-imposed suicide. This is a terrible thing to witness.

Vaccine Health Claims Are All Just Smoke and Mirrors

You may remember the TV series "Scare Tactics," in which the producers staged phony events to scare the pants off unsuspecting people. Well, that's also what vaccine manufacturers are doing each and every year to the public.

But it is a deception. As I noted, most of these deaths occur in people with chronic diseases and other immune suppressing behaviors, such as smoking. Nicotine is a very powerful immune suppressant.

The actual number of people dying from the flu virus itself varies from 400 to slightly over a 1,000 per year, and many of these are dying from what is called a "cytokine storm," in which part of the immune system overreacts.

This overreaction severely damages the lungs and other organs, including in some cases, the brain (resulting in a condition called encephalitis).

In other words, it is not the virus itself that is causing the damage, but rather one's own immune system.

This reaction is also seen with vaccinations in people with impaired immune systems, such as the elderly and those with weak immune systems.

Back in 2009, I was one of the first voices from the medical profession warning people that the swine flu pandemic was being overhyped — that it was, in fact, a very mild flu that was difficult to transmit.

I meticulously studied all the data collected by the CDC and the state public health authorities, as well as published reports in prestigious medical journals. I demonstrated that none of the "scare tactics" were true.

Interestingly, the CDC mysteriously stopped testing the virus to see if it was indeed H1N1, the swine flu strain. It was only after CBS reporters filed a Freedom of Information Act lawsuit that we found out why they stopped testing: because more than 90 of the cases were not H1N1.

The public was being lied to on a grand scale. And yet no one lost their job, as they should have.

Even the World Health Organization admitted that the H1N1 flu did not meet the criteria for a pandemic — but did so only after all the dust had settled.

One of the most despicable programs undertaken by the medical profession and CDC was to tell parents that small children were at the greatest risk of death. In fact, the medical data actually demonstrated that the death rate from H1N1 flu was lower among children below age 4 than during the previous two flu seasons. The same was true for pregnant women.

And it has now been determined that a number of small children developed a devastating neurological condition called narcolepsy, which was caused by the H1N1 vaccine itself.

The media also failed the public by perpetuating these deceptions and covering up information that told a different story.

They also refused to discuss data from large studies by some of the most prestigious scientific groups, which clearly demonstrated that the flu vaccine had no benefit for children less than 2 years old. In addition, it was discovered that the vaccine was of absolutely no benefit for elderly residents of nursing homes.

At best, the flu vaccine produces so-called "protective" antibodies in only 30 to 60 percent of people. That means that 40 to 70 percent of those who are administered the vaccine get no protection from the virus at all — yet they still face the possibility of devastating complications.

The truth is that the presence of these antibodies in response to vaccination in no way translates into protection against the flu — it's all just smoke and mirrors.

Flu Shots Suppress Immunity

When the authorities are confronted with the fact that those with immune suppressing disorders — such as cancers, autoimmune diseases, and chronic illnesses — will not benefit from the vaccine, they resort to their favorite ploy: the claim of "herd immunity."

What is herd immunity?

It is the idea that when a certain percentage of the population (now determined to be 90 to 100 percent) is rendered immune to a disease such as the flu, those with immune suppressing diseases will be automatically protected.

But this idea has several flaws. First of all, herd immunity was based on the concept of natural biological immunity — not immunity through vaccination. Natural immunity is permanent for an individual, whereas vaccine immunity, when it actually occurs, lasts no more than two to four years and then gradually wanes.

If the "immunity" imparted by vaccines is no better than 60 percent — at best — that means that even if every person in the United States was vaccinated, we still would never reach that magic 90 percent immunization rate needed for herd immunity.

But the situation is even worse because when creating the flu vaccine, manufacturers simply guess which strain of virus will be prevalent for the coming year. Unfortunately, they often guess wrong, meaning that even those who are vaccinated get no benefit at all.

With zero herd immunity, millions will have been vaccinated for no reason.

Vaccinating people with immune problems — such as chronically sick elderly people, those with chronic illnesses, cancer patients, and those with immune diseases — has been shown to result in a very high incidence of autoimmune disorders and poses a high risk of cytokine storm.

In fact, the flu vaccine itself suppresses immunity in two ways. First, mercury in the vaccine lessens

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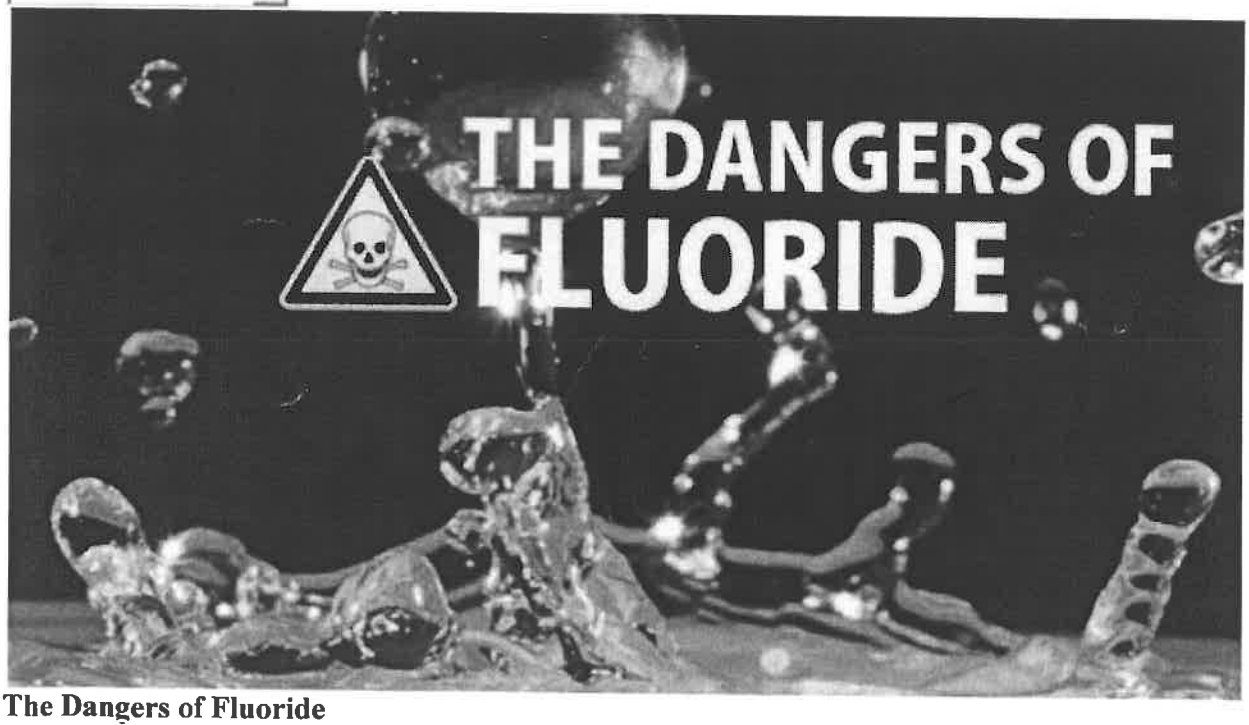

The Dangers of Fluoride

Most Americans are unaware of the dangers of ingesting fluoride. Most dentists, physicians and scientists are unaware of the dangers of fluoride and water fluoridation. According t ...